FORM OMail Mail Processing Section

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Washington, DC

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUAN TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Number: 3235-0076

Expires: April 30, 2008

Estimated average burden hours per response. 16.00

Prefix

SEC USE ONLY

Serial

DATE RECEIVED

Name	of O	fferir	10

([] check if this is an amendment and name has changed, and indicate change.)

Private Placement of Series "XII" Secured Promissory Notes

Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [x] Rule 506 [x] Section 4(6) [] ULOE

Type of Filing: [x] New Filing [] Amendment

A. BASIC IDENTIFICATION DATA

Enter the information requested about the issuer

Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.)

Cypress Capital XII, LLC Address of Executive Offices

(Number and Street, City, State, Zip Code)

Telephone Number (Including Area Code)

10421 S. Jordan Gateway, Ste. 630, South Jordan, Utah 84095

Address of Principal Business Operations (Number and Street, City, State, Zip Code)

(801) 576-2700 Telephone Number (Including Area Code)

(if different from Executive Offices)

Brief Description of Business

Commercial lending

Type of Business Organization

[] corporation [] limited partnership, already formed

[] business trust [] limited partnership, to be formed [x] other (please specify): FINANCIAI limited liability company

Month Year

Actual or Estimated Date of Incorporation or Organization:

[1]0] [0]7] [x] Actual [] Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

[U][T]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Full Name (Last name first, if inc Baxter, Robert N. Business or Residence Address (moter [x]	Beneficial Owner	[Executive Officer	ĺ] Directo	or	[x]	General and/or
Baxter, Robert N.	dividual):									Managing Partner
Business or Residence Address (
10421 S. Jordan Gateway, Ste				de):						
Check Box(es) that Apply:	[] Proi	moter [x]	Beneficial Owner	Į	Executive Officer	[] Directo	or	[x]	General and/or Managing Partner*
Full Name (Last name first, if inc Walker, Biair M.	dividual):		-							
Business or Residence Address (10421 S. Jordan Gateway, Ste				de);	·					
Check Box(es) that Apply:	[] Promo		neficial mer		Executive Officer	[]	Director	[]		eral and/or naging Partner
Full Name (Last name first, if inc	dividual):							,		
Business or Residence Address (Number and	Street, City, S	State, Zip Co	de):						
Check Box(es) that Apply:	[] Promo		neficial mer		Executive Officer	{ }	Director	{}		eral and/or naging Partner
Full Name (Last name first, if in	diviđual):									<u>, </u>
Business or Residence Address (Number and	Street, City, S	State, Zip Co	de):						
Check Box(es) that Apply:	[] Promo		neficial vner		Executive Officer	[]	Director	[]		eral and/or naging Partner
Full Name (Last name first, if inc	dividual):									
Business or Residence Address ((Number and	Street, City, S	State, Zip Co	de):						
Check Box(es) that Apply:	[] Pron	noter []	Beneficial Owner	[) Executive Officer		[] Direc	tor	[]	General and/or Managing Partner
Full Name (Last name first, if in	dividual):									
Business or Residence Address (Number and	Street City S	State Zin Co	de).						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

^{*} Limited liability company manager

					B. INF	ORMATIC	ON ABOUT	r offerin	NG .			
l. Hast	he issuer so	old, or does	the issuer i	ntend to se	ll, to non-ac	ccredited in	vestors in th	nis offering?	······································		Yes	No [x]
				Answer	also in App	pendix, Col	umn 2, if fil	ing under U	LOE.			
2. What	is the mini	mum inves	tment that	will be acce	epted from a			d in the Issu			\$ <u>54</u>	0,000*
3. Does	the offering	g permit joi	nt ownersh	ip of a sing	gle unit?		-				Yes [x]	No []
							listed are	associated r	sercone of c		T OF	
list the dealer, y	name of th	e broker or t forth the is	r dealer. If nformation	more than for that bro		rsons to be	listed are	associated p	persons of s		r or	
list the dealer, y Full Na	name of the you may set me (Last na	e broker or t forth the it me first, if	r dealer. If nformation individual	more than for that bro	five (5) pe	ersons to be er only.		associated p	persons of s		r or	
Full Nar Busines	name of the you may set me (Last na	e broker on t forth the in time first, if	r dealer. If information individual	more than for that broken None and Street,	five (5) pe oker or deal	ersons to be er only.		associated p	persons of si		r or	
Full Name o	name of the you may set me (Last name (Last name f Associate name f Associ	e broker on t forth the is ume first, if nce Addres d Broker on rson Listed	r dealer. If information individual) is (Number r Dealer: n Has Solici	more than for that broken in None and Street,	five (5) peoker or deal City, State, ids to Solici	Zip Code)	: n/a	associated p		ach a broke] All States
Full Name o States in (Check	name of the you may set me (Last name (Last name f Associate name f Associ	e broker on t forth the is ume first, if nce Addres d Broker on rson Listed	r dealer. If information individual) is (Number r Dealer: n Has Solici	more than for that broken in None and Street,	five (5) peoker or deal City, State, ids to Solici	Zip Code)	: n/a			ach a broke] All States
Full Name of States in (Check [AL]	name of the you may set me (Last names or Reside f Associate n Which Per "All States"	e broker on t forth the in time first, if nice Addres d Broker on rson Listed	r dealer. If information individual) is (Number r Dealer: n Has Solici individual S	more than for that bro None and Street, /a ted or Interestates)	five (5) peoker or deal City, State, dds to Solici	, Zip Code)	: n/a			ich a broke		•
Full Name o	name of the you may set me (Last name of Reside f Associate a Which Per "All States"	e broker on t forth the in- ume first, if nice Address d Broker on rson Listed or check in [AZ]	r dealer. If nformation individual) is (Number r Dealer: n Has Solici ndividual S [AR]	more than for that bro None and Street, /a ted or Inter States)	City, State, dds to Solici	, Zip Code)	: n/a :s	[DC]	[FL]	(GA)	[[HI]	[ID]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount alread Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [x] and i in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ 3,780,840	\$ 1,626,000
Debt	s	\$
Equity [] Common [] Preferred	\$	\$
Convertible Securities (including warrants)	<u>s</u>	S
Partnership Interests	\$	\$
Other (Specify).	<u> </u>	<u>-</u>
Total	\$ 3,780,840	\$ 1,626,000
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offer the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter answer is "none" or "zero."	persons	Aggregate Dollar Amoun
	Investors	of Purchases
Accredited Investors	5	\$ 1,626,000
Non-accredited Investors	0	\$ <u>0</u>
Total (for filings under Rule 504 only)	n/a	\$ <u>n/a</u>
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities offering. Classify securities by type listed in Part C-Question 1.		
	There are considerate	Dollar Amount
Type of offering	Type of Security	Sold
Rule 505	<u>n/a</u>	\$ <u>n/a</u>
Regulation A	<u>n/a</u>	\$ <u>n/a</u>
Rule 504	<u>n/a</u>	\$ <u>n/a</u>
Total	n/a	\$ <u>n/a</u>
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be gubject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and chook to the left of the estimate.	given as	
Transfer Agent's Fees	[] \$	
Printing and Engraving Costs	; <u>, ,</u>	
Legal Fees	[x] \$	18,000
Accounting Fees	[] \$	
Engineering Fees	[] s	
Sales Commissions (specify finders' fees separately)	[] \$	
Other Expenses (identify)Filing Fees and Miscellaneous	[x] \$	1,000
Total	[x] \$	19,000
	tJ	

5. Indicate below the amount of the adjusted	I gross proceeds to the issuer used or pro	posed to be					
used for each of the purposes shown. If the estimate and check the box to the left of the estadjusted gross proceeds to the issuer set forth	timate. The total of the payments listed mi	ust equal the					
		Payments to Officers, Directors, & Affiliates	Payments To Others				
Salaries and fees		[]\$	[]\$				
		[] \$	[]\$				
Purchase, rental or leasing and installatio	n of machinery	[]\$	[]\$				
Construction or leasing of plant buildings	and facilities	[]\$	[]\$				
Acquisition of other businesses (includin							
offering that may be used in exchange for issuer pursuant to a merger)	r the assets or securities of another	[]\$	[]\$				
Repayment of indebtedness	***************************************	[] S	[] \$ _				
			[]\$				
Other (specify):		[]\$	[]\$				
Funding of commo	ercial, asset-backed loan to third party	[]\$	[x] \$ <u>3,126,000</u>				
			[]\$				
Total Payments Listed (column totals added)		[x] \$ <u>_3</u>	[x] \$ <u>3,761,840</u>				
	D. FEDERAL SIGNAT	TURE					
The issuer has duly caused this notice to be signature constitutes an undertaking by the information furnished by the issuer to any n	issuer to furnish to the U.S. Securities a	and Exchange Commission, up	led under Rule 505, the follown written request of its sta	lowing			
Issuer (Print or Type)	Signature	Date					
Cypress Capital XII, LLC	M BMA		January 29, 2008				
Name of Signer (Print or Type)	Title of Signer (Print or Typ	pe)					
Robert N. Baxter	Manager						



ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)